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NOTICE OF ALLOWANCE AND FEE(S) DUE

50855

7590

03/20/2006

UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 195 MCDERMOTT ROAD NORTH HAVEN, CT 06473 EXAMINER
ROANE, AARON F

PAPER NUMBER

ART UNIT

DATE MAILED: 03/20/2006

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/739,428	12/18/2000	Philip P.M. Finch	2537	3665

TITLE OF INVENTION: APPARATUS FOR THERMAL TREATMENT OF AN INTERVERTEBRAL DISC

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/20/2006

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

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Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A ce Fee(s) Tran papers. Eac	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
50855 759	03/20/2006			have its ow	n certificate	of mailing or transmission.		
UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 195 MCDERMOTT ROAD				I hereby constants Post addressed transmitted	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NORTH HAVEN,	CT 06473				,	·· <u>··</u> ···	(Depositor's name)	
							. (Signature)	
							(Date)	
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09/739,428	12/18/2000		Philip P.1	M. Finch		2537	3665	
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nonprovisional	NO	\$1400		\$300		. \$1700	06/20/2006	
EXAM	INER	ART UNI	т	CLASS-SUBCLASS				
ROANE, A	AARON F	3739		607-11300)0			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE		ow, no assignee d f this form is NOT	lata will app a substitute (B) RESIDE	ear on the patent, for filing an assignt NCE: (CITY and S	nent. TATE OR C	OUNTRY)		
Please check the appropriate	assignee category or categor	ies (will not be pri	nted on the p	atent): 🗖 Indivi	dual 🗆 Co	rporation or other private gr	oup entity Government	
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_ `	(from status indicated above)			•				
• •	MALL ENTITY status. See 3		• •	•	-	L ENTITY status. See 37 C	,	
NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issuablication Fee (if required) words of the United States Pate	e Fee and Publicati ill not be accepted and Trademark	from anyone Office.	e other than the appl	ny previously licant; a regi	y paid issue fee to the applications stered attorney or agent; or t	he assignee or other party in	
Authorized Signature				D	ate			
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Alexandria, Virginia 22313-	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, she nia 22313-1450. DO NOT S 1450. tion Act of 1995, no persons						d by the USPTO to process) ng gathering, preparing, and me you require to complete nartment of Commerce, P.O. for Patents, P.O. Box 1450, I number.	



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	F TYCO HEALTHCARE	ART UNIT	PAPER NUMBER	
195 MCDERMO NORTH HAVE	· · · · · · · · · · · · · · · · · · ·		3739 DATE MAILED: 03/20/2006	

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.